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From: Neil R. Jetter

Date: February 28, 2006

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Fax Number: (571) 273-8300

Examiner: Tso, Edward H.
Serial No.: 10/657,905
Inventors: Stephen W. MOORE
Docket No.: 7892-7

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- * Transmittal Form (1 page)
- * Fee Transmittal Form (1 page)
- * Petition for Two-Month Extension of Time (1 page)
- * Change of Correspondence Address Form (1 page)
- * Reply to Office Action (15 pages)
- * Clarifying Figure (1 sheet)
- * This Fax Cover Sheet (1 page)

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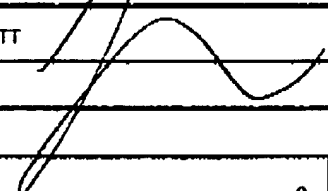
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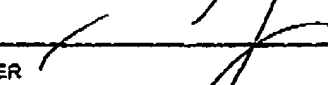
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TRANSMITTAL FORM (To be used for all correspondence after initial filing)	Application Number	10/657,905
	Filing Date	September 9, 2003
	First Named Inventor	Stephen W. MOORE
	Art Unit	2838
	Examiner Name	Tso, Edward H.
Total Number of Pages in This Submission	Attorney Docket Number	7892-7

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Change of Correspondence Address Form, Clarifying Figure, and Fax Cover Sheet
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	AKERMAN SENTERFITT		
Signature			
Printed name	NEIL R. JETTER		
Date	February 28, 2006	Reg No	46,803

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
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Typed or printed name	NEIL R. JETTER	Date	February 28, 2006

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818) FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/657,905 Filing Date September 9 2003 First Named Inventor Stephen W. MOORE Examiner Name Tso, Edward H. Art Unit 2838 Attorney Docket No 7892-7	
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 450.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number 30-0821 Deposit Account Name AKERMAN SENTERFITT For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES Application Type Fee (\$) Small Entity Fee (\$)		SEARCH FEES Fee (\$) Small Entity Fee (\$)		EXAMINATION FEES Fee (\$) Small Entity Fee (\$)		Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$) Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200 100
Multiple dependent claims							360 180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$) Fee Paid (\$)
- 20 or HP = _____ x _____ = _____							
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: Fee for Request for Two-Month Extension of Time (\$450.00)							\$450.00

SUBMITTED BY		
Signature _____	Registration No. 46,803 (Attorney/Agent)	Telephone 561-653-5000
Name (Print/Type) Neil R. Jeter	Date February 28, 2008	

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